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Statement from the American Nurses Association on the Patients' Bill of Rights Act of 1998 and women's health May 13, 1998 presented by Argene Carswell, JD, RN Executive Director (Interim)

Good morning. I am Argene Carswell, Interim Executive Director of the American Nurses
Association. I am here this morning to speak on behalf of the ANA and ANA's President,
Dr. Beverly Malone, who served on the Advisory Commission on Consumer Protection and
Quality in the Health Care Industry.

ANA strongly supports the patient protections recommended by the commission and embodied in Patients' Bill of Rights of 1998. ANA believes that every individual should have access to health care services along the full continuum of care and be an empowered partner in making health care decisions. We also believe that accountability for quality, cost-effective health care must be shared among health plans, health systems, providers, and consumers.

Nurses have long been in the forefront of efforts to recognize and provide for the distinct health care needs of women. As patient advocates, most of whom are themselves women, and as health care providers who focus on the health of the whole person, nurses have a special concern for the well-being of women in our society.

Nurses who are at the bedside when women undergo the trauma of breast cancer and mastectomy are acutely aware of a broad range of unsafe and insensitive practices that threaten the health and safety of their patients. Certainly, requirements by health plans that women undergo mastectomies as outpatient procedures are unconscionable. But that practice is symptomatic of more pervasive dysfunctions in the health care system that impact women disproportionately and must be addressed by this Congress.

My colleagues from the women's community who are here today know that aging women suffer the effects of prescription drug limitations that do not allow for their complex health requirements, that the scourge of breast cancer requires not only humane treatment but access to clinical trials so that true progress can be made for future generations, and that women who make health care decisions for themselves and for their families must have full information on which to base those decisions.

Nurses at the bedside have learned what happens when frail, older women receive inappropriate medications, or when mammograms come too late, or when misinformation or misunderstanding lead to dangerous delays in care. For the nurses at the bedside, the need for patient protection and patient advocacy is played out every day, and we urge speedy passage of this important legislation.